

FILED FEB 15 1951 STANDARD CERTIFICATE OF DEATH

State File No. **971**

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 9	
1. PLACE OF DEATH a. COUNT Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give township) Fayette		c. LENGTH OF STAY IN INSTITUTION 10 months		c. CITY (If outside corporate limits, write RURAL and give township) Fayette			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rocheport St.				d. STREET ADDRESS (If rural, give location) Rocheport St.			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) -		c. (Last) Ward		4. DATE OF DEATH (Month) Feb. (Day) 5 (Year) 1951	
5. SEX Male 2		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Dec. 18, 1880	
9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR 17		11. IF UNDER 1 HRS. 17		12. IF UNDER 1 MIN. 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Brack Ward		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Hattie White			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Emma Howell			
				ADDRESS Detroit, Mich.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				INTERVAL BETWEEN ONSET AND DEATH 48 hr 10 yr. 31X	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fayette Howard Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from July , 1950, to Feb 5 , 1951, that I last saw the deceased live on Feb 5, 1951 , and that death occurred at 8:32 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Wm J. Shaw, Jr M.D.				23b. ADDRESS Fayette Mo.		23c. DATE SIGNED Feb 6, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/8/51		24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery		24d. LOCATION (City, town, or county) (State) Fayette, Mo	
DATE REC'D BY LOCAL REG. 2-6-51		REGISTRAR'S SIGNATURE Mary K. Shell		25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr		ADDRESS Fayette, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-14-51

DISTRICT HEALTH OFFICE No. 3

District File Number 61881

Date Filed 2-14-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.